

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042202

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 120

Primary Registration District No.

Registrar's No. 116

FILED DEC 13 1962

## 1. PLACE OF DEATH

a. COUNTY

Gentry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Cooper Twnsp.

Length of stay in 1b

minutes

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

3 mi. NE Stanberry on Rt 169

Inside Limits

No ☒ Yes ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Harrison

admission)

c. CITY

OR TOWN

New Hampton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

North Part

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Billy

Middle

Rex

Last

Clevenger

4. DATE OF DEATH

Month

Day

Year

Dec. 8, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

12-19-1932

9. AGE (last birthday)

29

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Asst Mgr, Lumber Yard

10b. KIND OF BUSINESS OR INDUSTRY

Lumber

11. BIRTHPLACE (City and state or country)

Gentry County Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Willie H. Clevenger

13b. MOTHER'S MAIDEN NAME

Kathryn B. Stevens

14. NAME OF HUSBAND OR WIFE

Sharon Lea Clevenger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

17. INFORMANT

Address

Mo.

Sharon Lea Clevenger New Hampton,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture of skull due to car wreck

INTERVAL BETWEEN ONSET AND DEATH

5 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

to car wreck

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture of right leg + shoulder + knee + car wreck

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☒SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car wreck

20c. TIME OF INJURY

Hour

Month, Day, Year

11:25 p.m.

12 8-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway 169 3 mi NE Stanberry

20f. CITY, TOWN, OR LOCATION

Gentry

COUNTY

STATE

21. I attended the deceased from

Death occurred at

10:30 P

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

12/11/62

23c. NAME OF CEMETERY OR CREMATORY

Foster Cemetery

23d. LOCATION (City, town, or county)

Harrison County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

C.R. Noble

New Hampton, Mo.

25. DATE RECD. BY LOCAL REG.

12-10-62

26. REGISTRAR'S SIGNATURE

Mrs. L.W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

10380

204/0

3

40

51

6

70

82

9X

10

11038

1291-3

131-0

DEC 18 1962

DEC 19 1962

JAN 29 1963

APR 4 1963

*Received*  
*12/10/62*

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed William George Noble

Licensed Embalmer No. 4987

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.